

INSTRUCTIONS AND SUPPLEMENTARY QUESTIONS FOR SENTINELS AUDIT

The purpose of this audit is to determine if the operation reported all injuries and man-hours properly. This audit will enable OIEI to determine the winning operation in each of ten classifications. It is imperative that this audit be conducted as accurately and thoroughly as possible to assure that this operation is truly deserving of receiving safety award. The Sentinels of Safety program is voluntary and some operators may decline to participate. If the operator declines to participate please call OIEI and return this audit immediately to OIEI, Denver, CO.

For any questions call OIEI at 303-231-5449.

EMPLOYEE MAN-HOURS

Using the company's payroll records or other available records, reconstruct the quarterly employment hours worked for each subunit and compare to the records reported in the attached listing. Please check the associated shop hours as they are difficult to determine. When miners are working on pit equipment, the operator should report these hours and injuries as pit hours and injuries (**sand and gravel operations do not report mill hours**). When miners are working on mill equipment, the operator should be reporting mill hours and injuries. **Please make the best estimate with the operator's assistance.** Use the supplementary questions to determine if the operator has reported properly. If a difference exists between employment, hours-worked data and what was reported on the form 7000-2 and it was not an OIEI punch error, have the operator fill out an amended 7000-2 form and fax it to 888-231-5515 or mail it to: MSHA, OIEI, P.O. Box 25367, Denver, Colorado 80225. The form should indicate clearly the subunit, quarter, and year to which it pertains and that it is an amended copy.

INJURY/ILLNESS

The auditor must examine the company's injury records for all of the one year period. The operator must supply you with all records such as doctors' reports, state or insurance records of injuries, first reports of injury, foreman reports of injury and any other injury reports kept by the operator. **If the operator refuses to give you everything you ask for, he can be disqualified from the program. Please call OIEI immediately if this happens.** If medical records are not kept in a separate file, you may have to go through each employee's file to determine who experienced reportable work place injuries. As you examine the records, check each case to determine if it was reportable, then check the supplied print-out in this audit to see if it has already been reported and it has the correct injury degree. Make sure the illnesses are reported properly. Many times operators try to report injuries as illnesses. If you find injuries not reported or if reported injuries are not correct, fill out the front page of the audit with the required information and the operator must either fill out a new 7000-1 form or fill out a revised form with the correct information included. Make sure the operator has not accommodated an injured employee. After an employee is injured he/she must be able to accomplish all the duties as required as before the injury or this is a restricted activity. While you check all reported cases please make notes of miners' names and injury dates for completing the man-hour portion of the audit. In some instances you may need to interview the injured miner. Fax all 7000-1 forms to 888-231-5515 or mail to: MSHA, OIEI, P.O. Box 25367, Denver, Colorado 80225.

Mail the audit to: OIEI-Sentinels of Safety, P.O. Box 25367, Denver, CO 80225.

1.

ID # _____

SUPPLEMENTARY QUESTIONSSection A: Employment/Employee-hours

(Ask the Following questions at those mines in which you find a discrepancy from the reported employment or employee-hours).

Person being interviewed for this section:

Name: _____ Title: _____

Department: _____ Telephone Number: (____)____-_____

1. "Did you have any of the following types of employees during the period being audited?"

Type of employee	Yes-No	(If 'yes,') "Were they included on the MSHA Form 7000-2?"	(If not included) Estimate:	
			"How many employees?"	"Total hours worked"
"Part time"	____ Yes ____ No	____ Yes ____ No		
"Seasonal"	____ Yes ____ No	____ Yes ____ No		
"Temporary"	____ Yes ____ No	____ Yes ____ No		
"Executive"	____ Yes ____ No	____ Yes ____ No		
"Professional"	____ Yes ____ No	____ Yes ____ No		
"Administrative"	____ Yes ____ No	____ Yes ____ No		
"Other"	____ Yes ____ No	____ Yes ____ No		

2. "During the period being audited, were there any strikes or shutdowns?"

If yes, dates: _____

3. "Employees frequently receive pay for hours that are not worked. Were there, during the period being audited, any employees at this mine who received pay for the following reasons:"

Paid non-work hours	Yes-No	"Were hours included in MSHA employment Form 7000-2?"	(If included) "estimate how many; hours"
Vacations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sick Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Jury Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Funeral Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Voting or Voter Registration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bonuses	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other non-work time Specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

3.

ID # _____

4. "Did any employee work overtime during the period being audited?"

____ Yes

____ No (Skip to next 3 questions)

5. "Did you report overtime hours as 'time-and-one-half' or 'double-time' on the MSHA Form 7000-2?"

____ Yes

____ No (Skip to next 2 questions)

6. "Please estimate the number of overtime hours that were included on the MSHA Form 7000-2:" _____

7, "Please estimate the number of overtime hours in terms of actual hours worked:"

(Subtract question 7 from question 6)..... _____

AUDITOR COMMENTS

(Record any information related to the reporting of employment and employee-hours which may contribute to a better understanding of this report.)

Section B. Injury/Illness

Ask the following questions at those mines in which a marked discrepancy occurred concerning reporting Injury or illness cases.

Person being interviewed for this section:

Name: _____ Title: _____

Department: _____ Telephone Number: (____)____ - _____

1. "How do you distinguish between first-aid and medical treatment cases?"

2. "Is there any difference in which injuries or illnesses you report to MSHA and what you report under State Worker's Compensation?"

3. "What is your policy in reporting:

Return to other than regular job: _____

Occupational illnesses:" _____

AUDITOR COMMENTS

Record any information relates to the reporting of injuries and illness at this mine which may contribute to a better understanding of this report.
